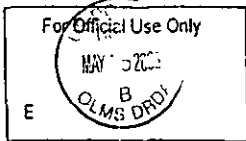


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>25529</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2005</u> Through: <u>12</u> / <u>31</u> / <u>2005</u>
3. Name and address of person filing. Name <u>Edward A. Clowers</u> P.O. Box, Bldg., Room No., if any <u>Apartment #5</u> Street <u>99 Fairmont Drive</u> City <u>Hermitage</u> State <u>PA</u> ZIP Code + 4 <u>16148</u>	4. Name, file number, and address of labor organization. Name <u>Tenasters Local Union No. 261</u> Labor Organization File Number <u>015-399</u> P.O. Box, Building and Room Number, if any <u>Suite A</u> Street <u>351 Northgate Circle</u> City <u>New Castle</u> State <u>PA</u> ZIP Code + 4 <u>16105</u>
5. Position in labor organization. <u>Vice President, Business Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Edward A. Clowers

On

5-10-06

Date

724-658-5554 Ext 20

Telephone Number

Name of Person Filing

Edward A Clowes

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Highmark Blue Cross of W PA

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any Suite 2307Street 120 Fifth Ave.City PittsburghState PA ZIP Code + 4 15222

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Teamsters Local 2619 Employers Welfare Fund

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any Suite BStreet 351 Northgate CircleCity New CastleState PA ZIP Code + 4 16105

11.a. Nature of such dealing.

Health Care Provider to
Teamsters Local 2619 Employers
Welfare Fund

11.b. Approximate dollar value of such dealing. _____

12.a. Nature of interest held or income received.

Golf Outing and Educational Presentation,
Approximate value \$181.00
Reception at International Foundation of
Employee Benefits Plans conference
Approximate value \$152.00

12.b. Amount. \$333.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name: _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment. _____

EDWARD A. CLOWES
351 NORTHGATE CIRCLE
NEW CASTLE, PA. 16105

May 10, 2006

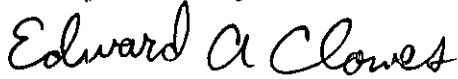
U.S. Department of Labor
ESA/OLMS, Room N – 5616
200 Constitution Avenue, N.W.
Washington, D.C. 20210

To whom it may concern,

The transactions, dealings and interests that are reported in the attached form represents my good faith effort to reconstruct any reportable occurrences for the calendar year 2005. Some items may have been unintentionally omitted.

If, in the future it comes to my attention that there is a matter which should have been reported for calendar year 2005, I will file an amended form LM30.

Very Sincerely

A handwritten signature in cursive script that reads "Edward A. Clowes".

Edward A. Clowes